## STATE OF NEW HAMPSHIRE

2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

## RECEIVED

MAY 03 2019

NEW HAMPSHIRE DEPARTMENT OF STATE

| PLEASE PRINT  |   | DEPARTMENT OF STAT  |
|---|---|---|
| 1. Name of Lobbyist(s) Dick   | Bouley & Tyle   | er Clark  |
| II. Name of lobbyist's partnership, firm or o   | corporation, if any:  |   |
| Dennehy & P   | buley LLC   |   |
| (Name of partnership, firm or c   | _ ^ .   | 4/11 4224   |
| Business Address: (Street)  | e 3 Concord (State  | (Zip Code)  |
| 603) 228-1601 (Telephone)   | e-mail  |   |
| III. This statement covers: (Choose one - fil reportable expense transactions which are i                 | le separate reports for each client, OR<br>not attributable to any one client). | t you may file a separate report for                      |
| All reportable transactions occurring in the  | e months prior to the reporting date relat                                      | tive to the following client:                             |
| American Physic   | al therapists it appears on the Lobbyist Registration Form                      | HSSOC NH Chap   |
| OR  |   |   |
| All reportable transactions by the lobbyist unrelated to any particular client.                           | (including the lobbyist's family), of the                                       | loopyring min risted below without the                    |
| IV. Date of Report April 24, 2019  Reports cover: activity from date of registrati                        | July 31, 2019<br>on to 3/31/19 activity from 4/1/19 t                           |   |
| October 30, 2019 activity from 7/1/19 to 9/   | January 29, 2   | 2020 🗆<br>9 to 12/31/19                                   |
| V. There have been no fees received an If this box is checked, complete just this form Concord, NH 03301. | d no reportable transactions made and submit it to the Secretary of State's     | e since the last report.   Office, State House, Room 204, |
| VI. Check if additional reports are attache   | ed:   |   |
| If you have received fees or made expen-  | ditures, vou must file Addendum A- re   | ees and Expenses  |
| If you have paid an honorarium or reimb Expense Reimbursement   |   |   |
| ☐ If you, your firm, or your family has made  | de political contributions, you must file                                       | Addendum C- Political Collinoutions                       |
|   |   |   |
| Sworn Statement/Affirmation by Lobbyis  | t   | that the foregoing information is true                    |
| I have read RSA 15, RSA 15-B, RSA 14-C and complete to the best of my knowledge a                         | and RSA 664 and hereby swear or altern  | ul 24, 2019   |
| DI DY Daile   | COPL  | ne atjavil  |

(Date)

Kichard

(Signature of lobbyist)

(Print Name of lobbyist)

# PLEASE PRINT

## STATE OF NEW HAMPSHIRE



# Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

| 1. Name of Lobbyist(s) Dick Boully &  | Tyler Clark  |
|---|--|
| II. Name of lobbyist's partnership, firm or corporation, if any:  |  |
| Dennehy & Bauley LLC (Name of partnership, firm or corporation)   |  |
| III. Name of Client American Physical<br>Therapists Assoc NH Cha  |  |
| IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:  | that are related, directly or indirectly, relations, or public relations services ss fee amount reported shall not be  |
| a) Total of all fees received in this reporting period  | a)\$ 5,000.00  |
| b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar ye   | b) \$ar)   |
| c) Total of all fees received to date (Add lines a and b)   | 0)\$ 5,000.00  |
| <ul> <li>d) Indicate the amount of any such fees that are due, but have not<br/>yet been paid</li> </ul>  | d) \$ 5,000.00   |
| V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to represes. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported. | hay be filed for the lobbyist(s)/firm aggregate total of all expenses paid aggregate total of all expenses paid aggregate total of all expenses; (b) the aggregate total of all expenses; (b) the aggregate total of all expenses; than \$10 that is given to the persond with a value of \$25.00 or less); and tring period of greater than \$25.00 for the of greater than \$25, purchase of expense reimbursement, or political |
| <ul> <li>a) Total aggregate expenses for this reporting period for salaries, benefits,<br/>support staff, and office expenses, related directly or indirectly to lobbying.</li> </ul>   | a) \$  |
| b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.   | b) \$  |
| c) Total of all itemized expenditures reported in detail in section VI.   | c) \$  |

| d) Total expenses for this reporting period (Add lines a, b and c)   | d) \$                              |
|--|------------------------------------|
| e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report) | e) \$                              |
| f) Total of all expenses year to date  | n s                                |
| VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.   | obbying fees during this reporting |
| Paid to:   | Amount:                            |
|  | \$                                 |
|  | \$                                 |
|  | \$                                 |
|  | \$                                 |
|  | \$                                 |
|  | \$                                 |
|  |                                    |
|  |                                    |
|  |                                    |
| Sworn Statement/Affirmation by Lobbyist  |                                    |
| I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.                         | n that the foregoing information   |
| Richard L. Bauley  | April 24, 2019                     |
| (Signature of lobbyist)  | (Date)                             |
| Richard Bouley   |                                    |
| (Print Name of lobbyist)   |                                    |

## State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

| Name of Lobbying partnership, firm, or corporation: Dennehy & Bouley LLC  |
|---|
| Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): American Physical Therapists Assoc   |
| particular chem): FIMEX ICUN PMSICUL IMVADIST F1830C  |
| Date of Report (check one):   |
| April 24, 2019 July 31, 2019  October 30, 2019  January 29, 2020  |
|   |
| I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted): |
| Addendum A(s).  |
| Addendum B(s).  |
| Addendum C(s).  |
|   |
| I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.   |
| (Signature of lobbyist)  (Date)   |
| Tyler Clark (Print Name of lobbyist)  |